

FIG. 1

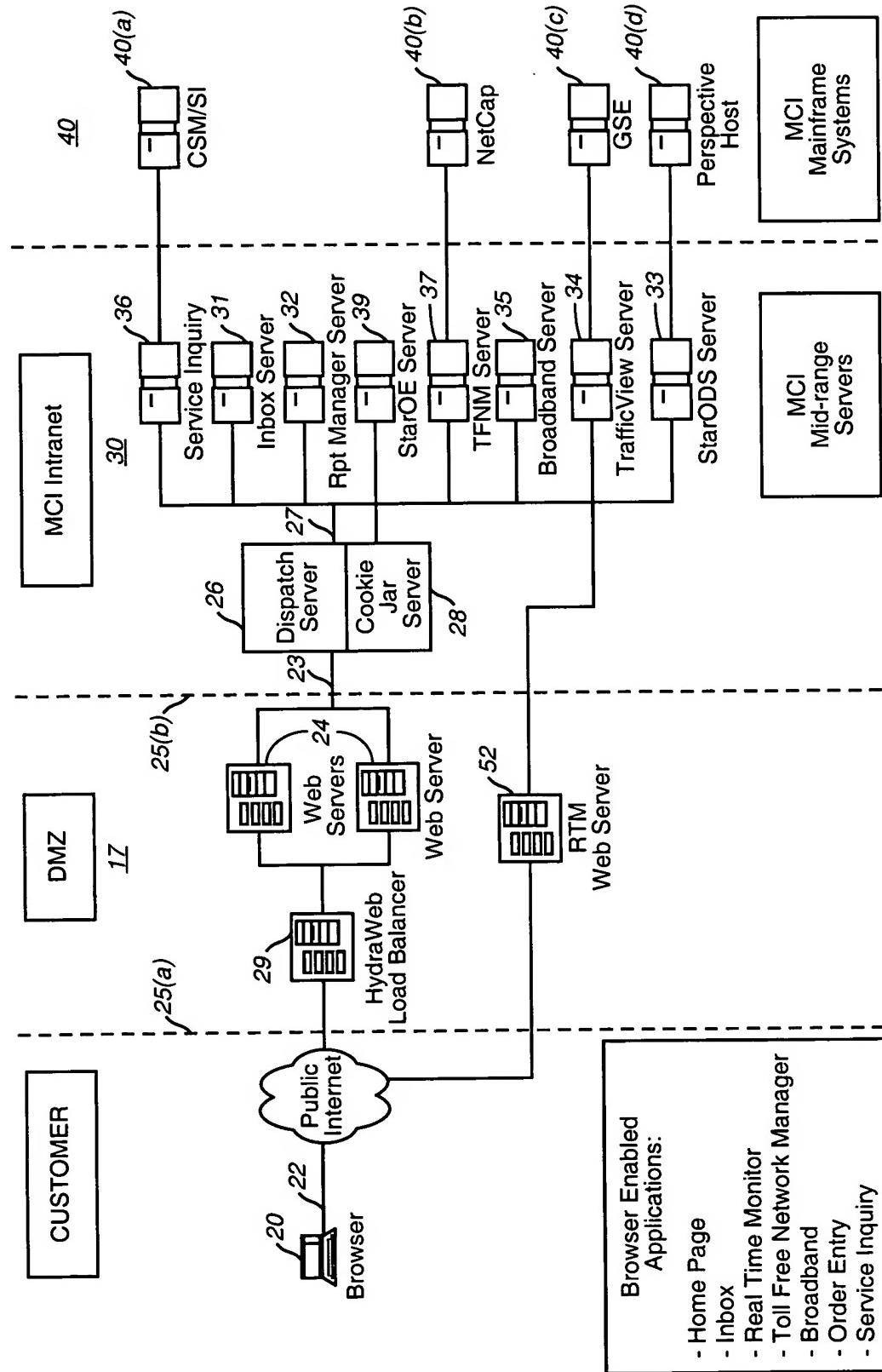


FIG. 2

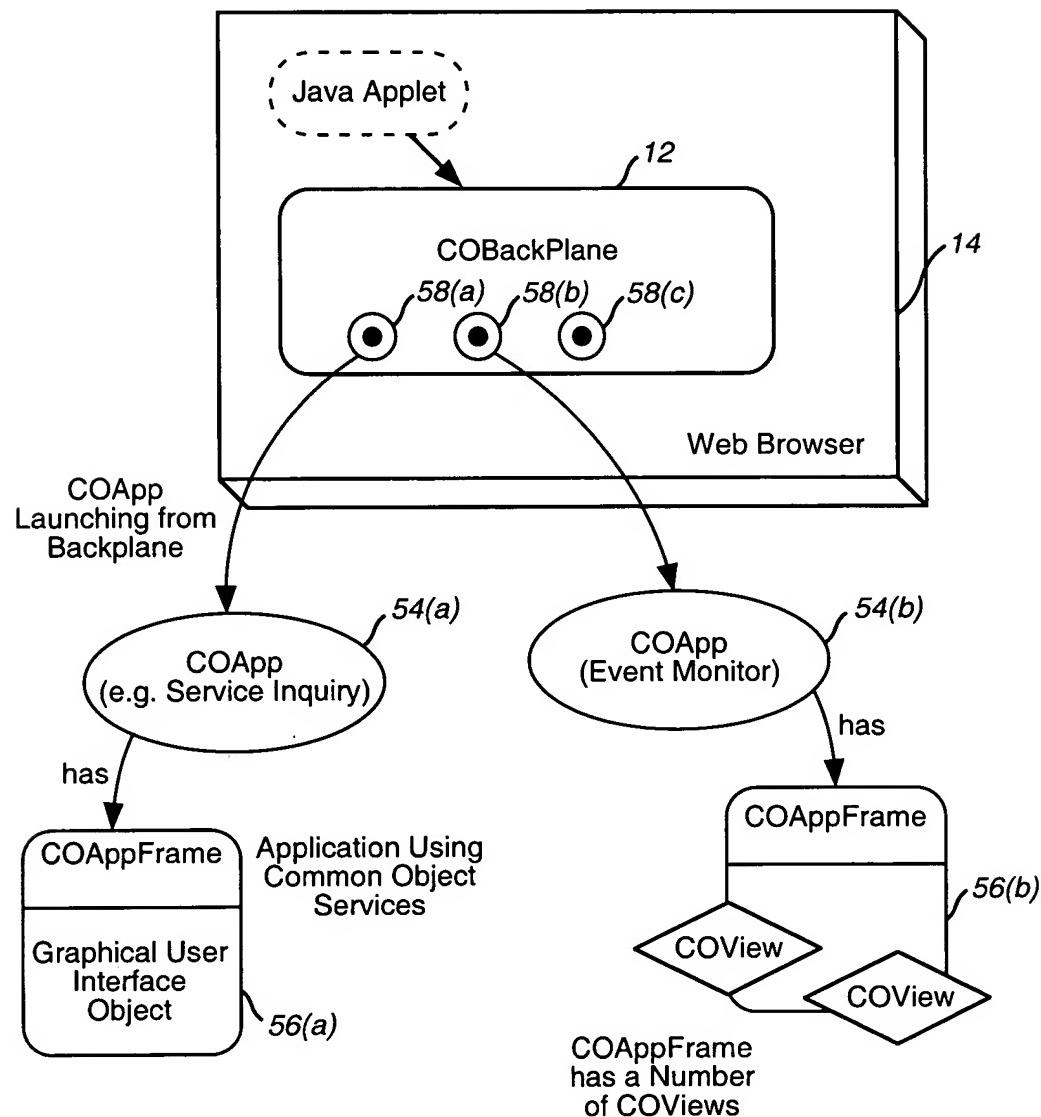


FIG. 3

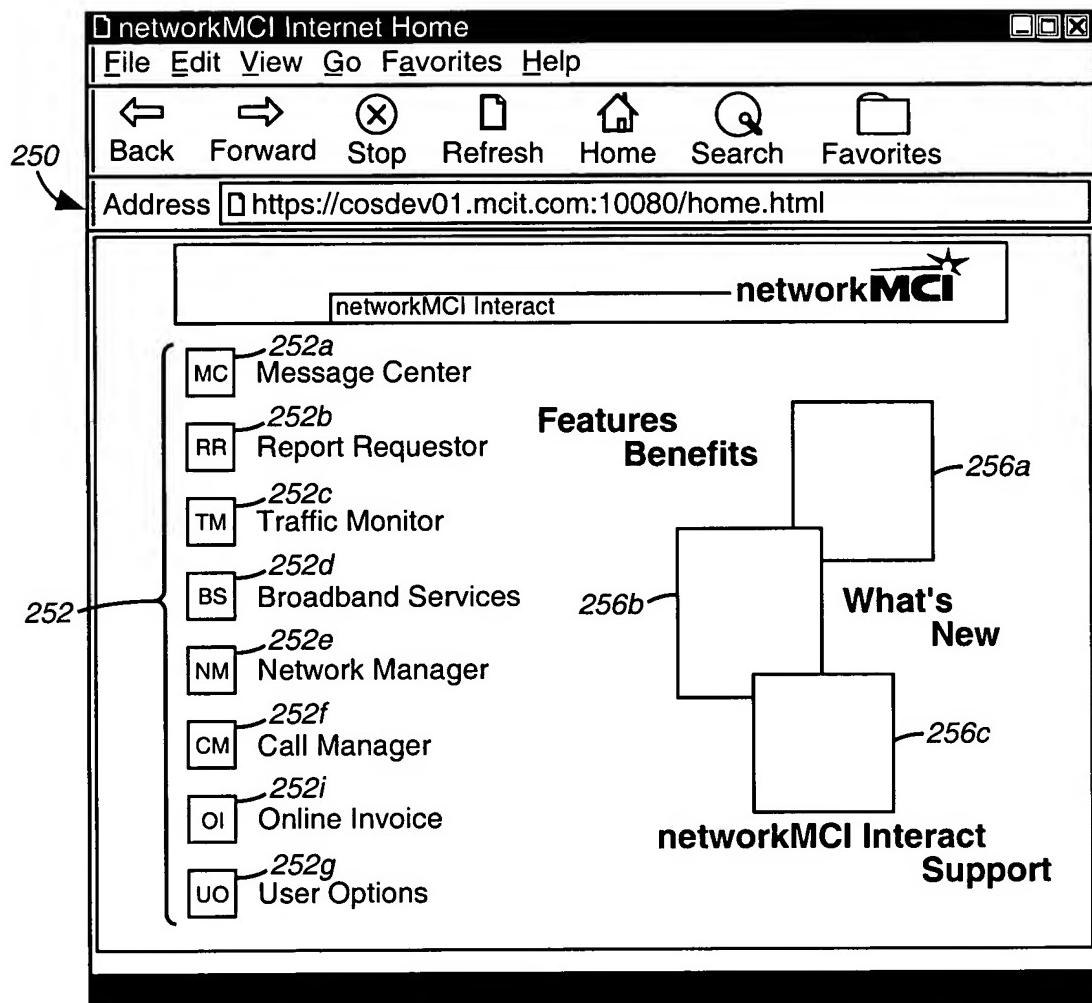


FIG. 4

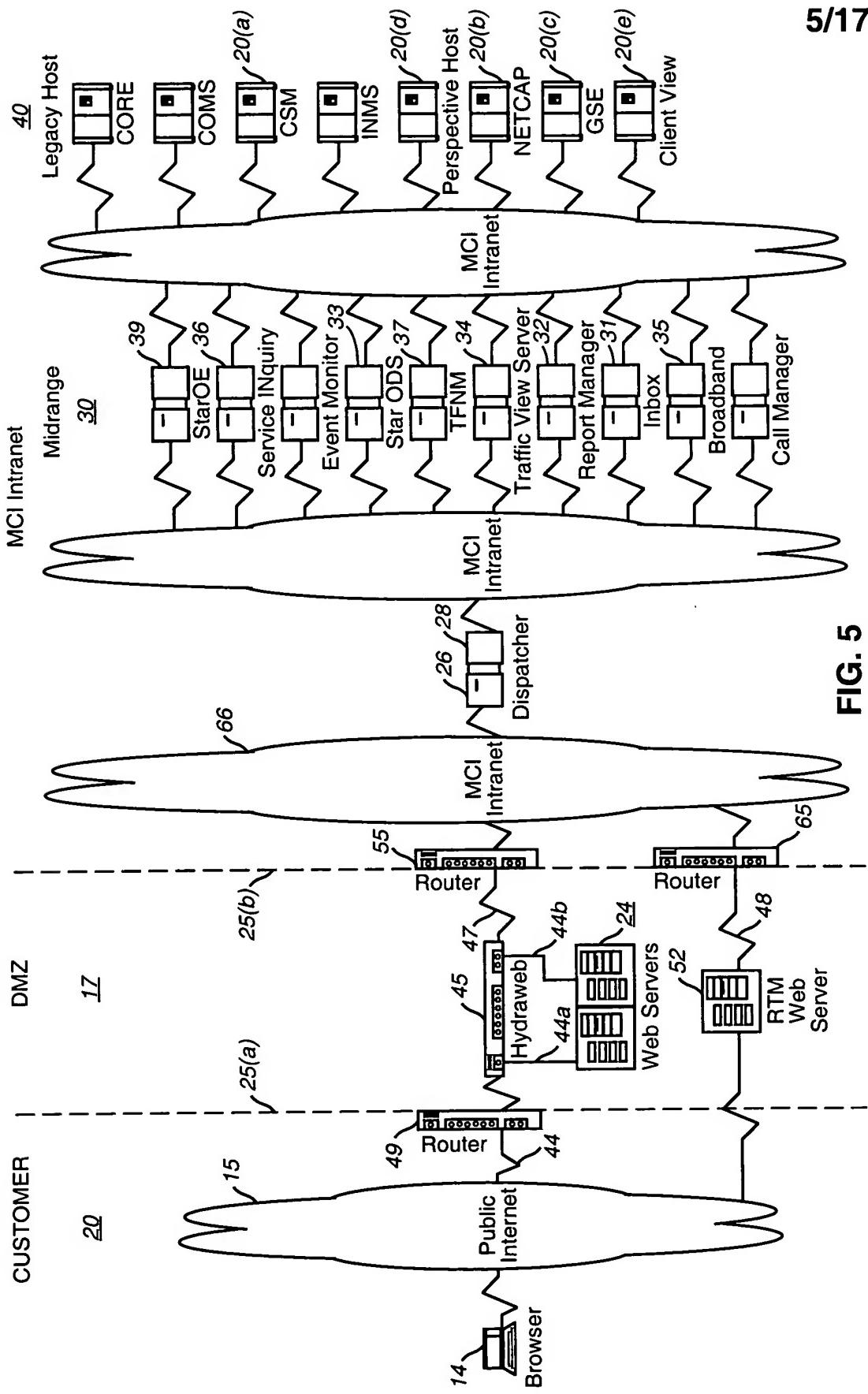
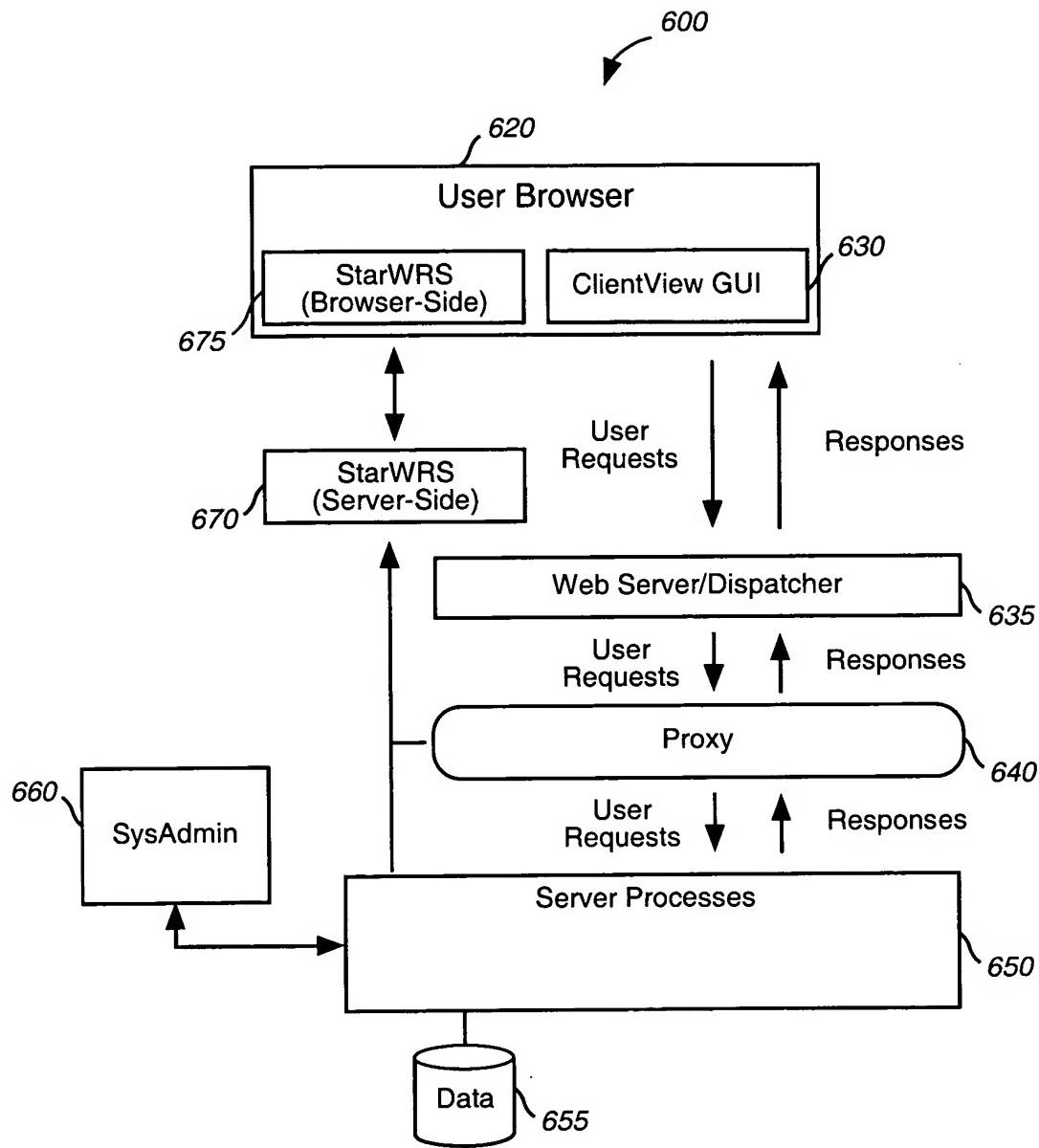


FIG. 5

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**FIG. 6**

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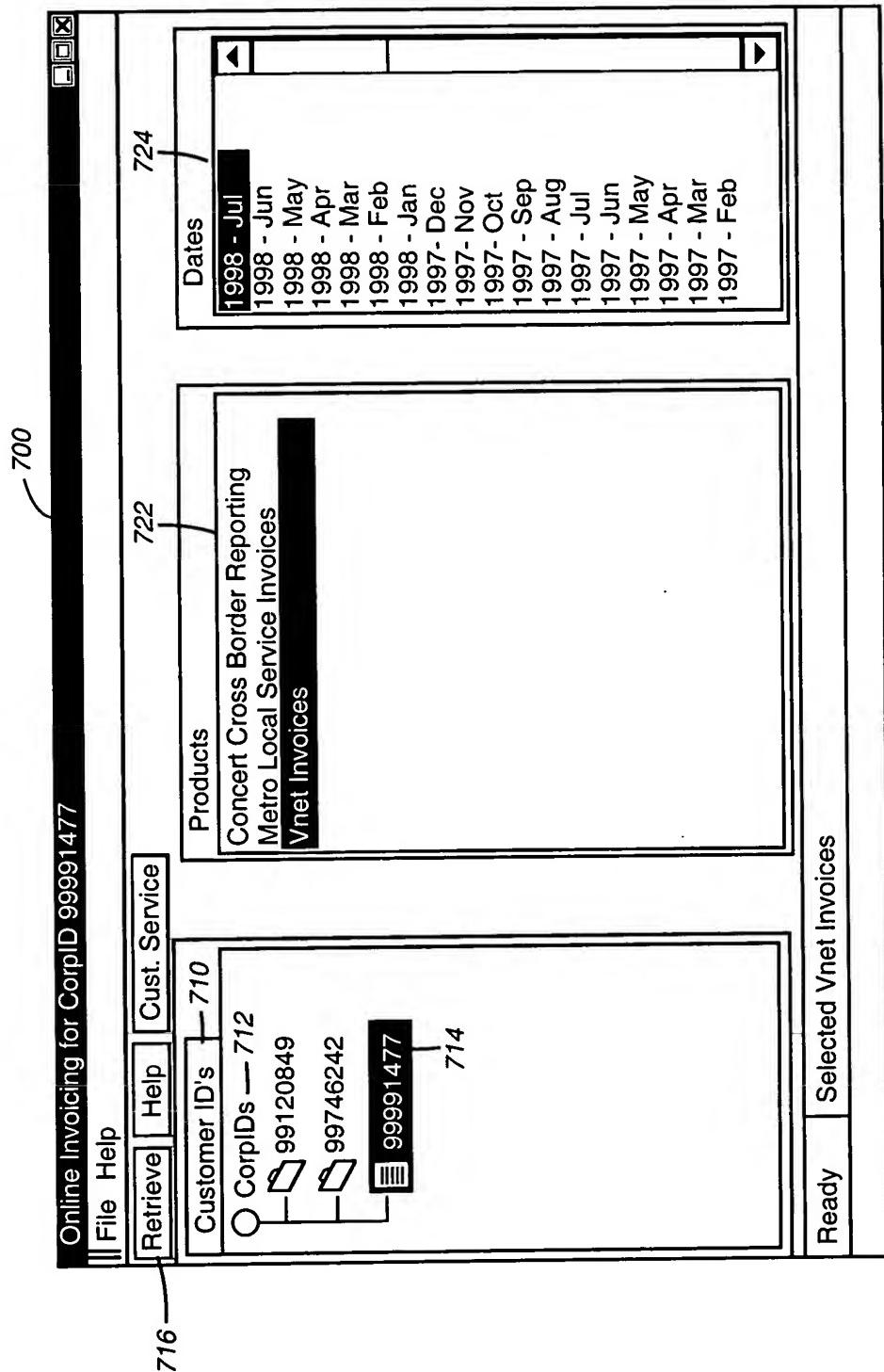


FIG. 7

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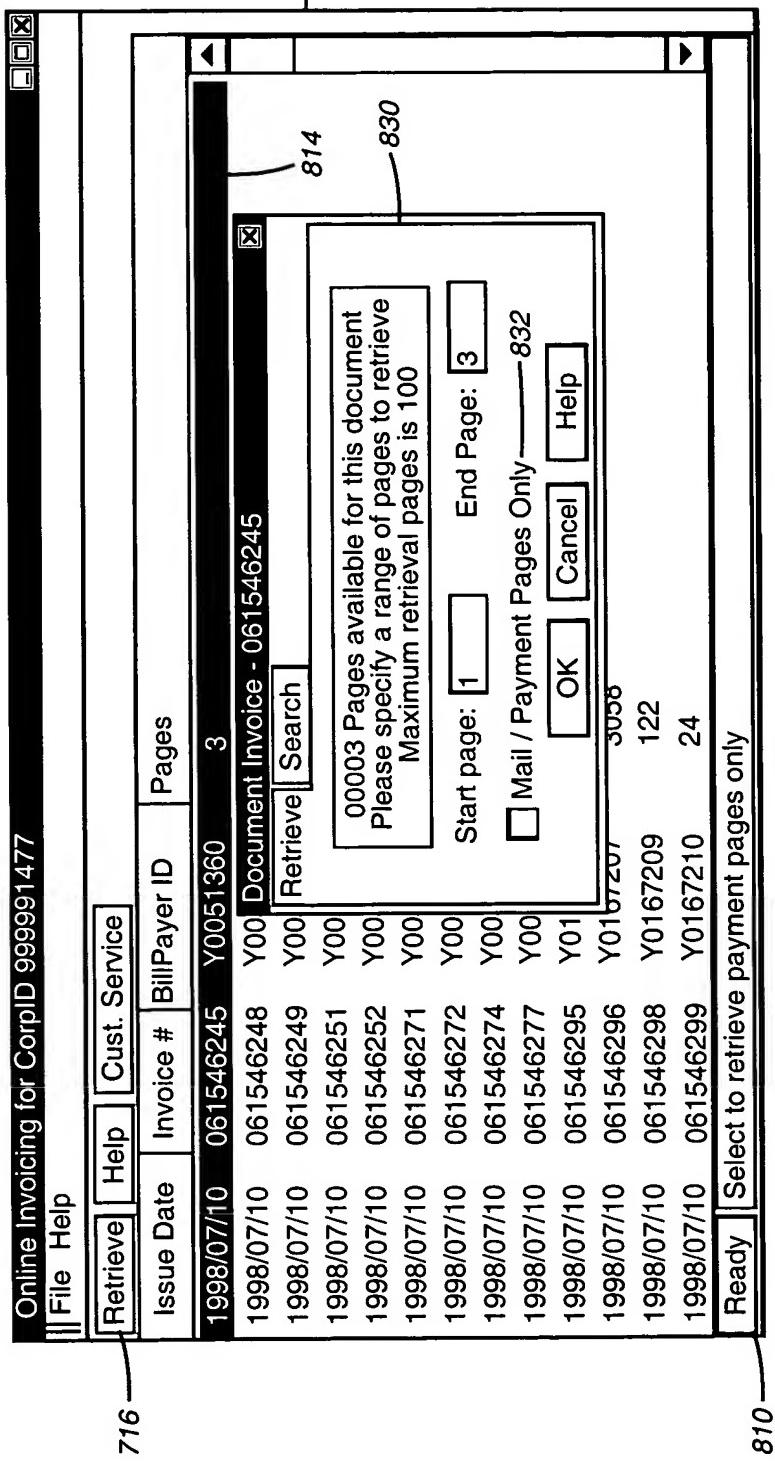


FIG. 8

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Invoice: 061546245		File	Find	Page	View	Help
		Find	Back	Next	Retrieve	Print
					Help	Cust. Service
<b>SUMMARY OF AMOUNT DUE</b>						
CITICORP USCPG (CORP. FEATURE) 12355 SUNRISE VALLEY DRIVE ATTN: INVOICE ADMINISTRATION RESTON, VA 22091			BILLING PERIOD 06/01/98 THROUGH 06/30/98			
CUSTOMER NUMBER 99991477		BILL PAYER Y0051360	NODE NO. 00099156	CORPORATE LEVEL CHARGES	LOCATION LEVEL CHARGES	
DESCRIPTION						
<b>CURRENT CHARGES UNDER CITICORP/MCI/CITIBANK SD 999914779991477</b>						
<b>LONG DISTANCE USAGE CHARGES*</b>						
DOMESTIC \$0.00 \$0.00						
INTERNATIONAL DDD 0.00 0.00						
CUSTOMIZED ANNOUNCEMENTS 0.00 0.00						
DIRECTORY ASSISTANCE 0.00 0.00						
TOTAL \$0.00 \$0.00						
NON-USAGE						
FEATURES \$0.00 \$0.00						
SUPPLEMENTAL CHARGES 0.00 0.00						
ALLOCATED CHARGES*** 35,000.53 0.00						
MISCELLANEOUS****						

9  
FIG.

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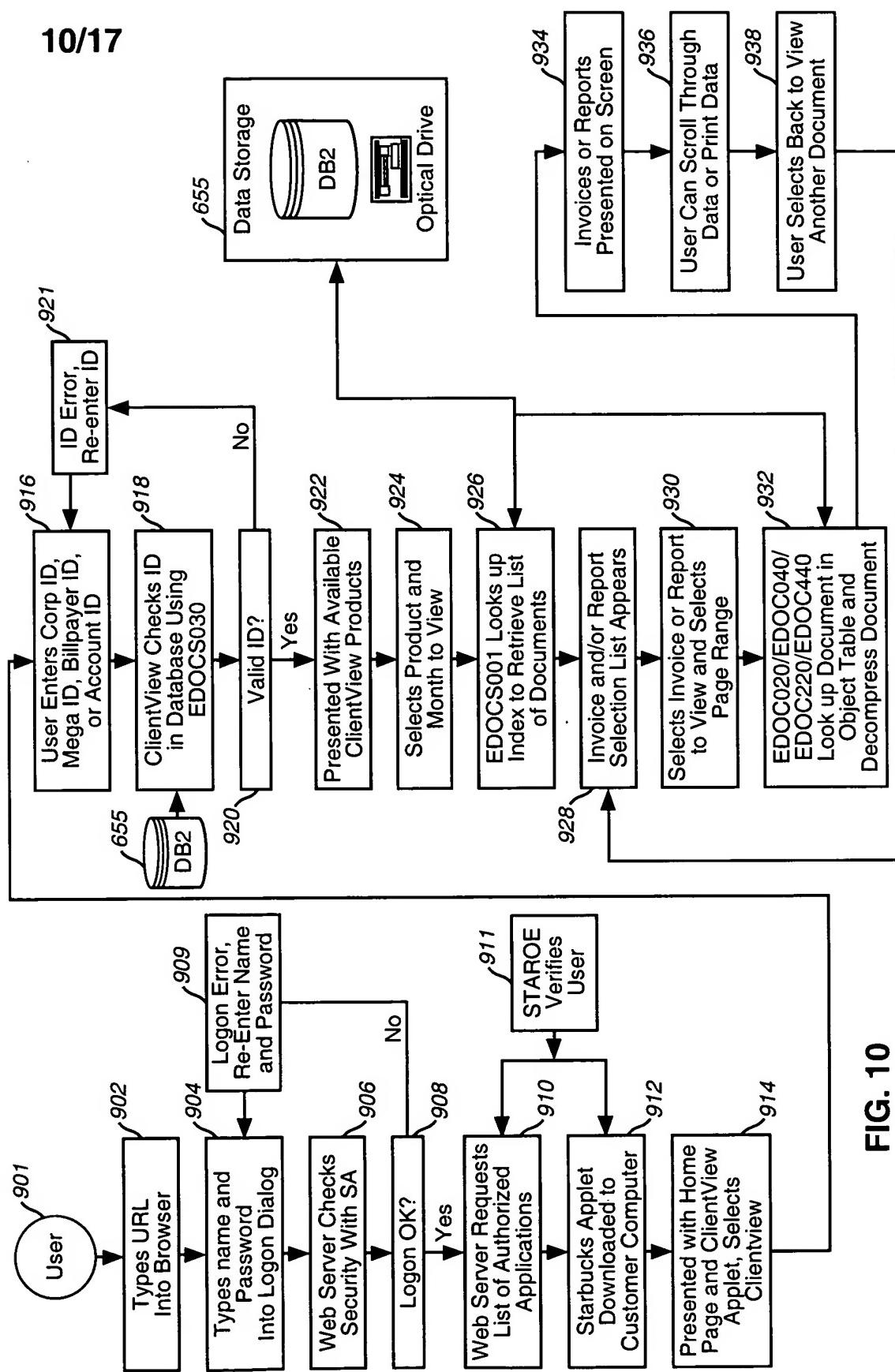
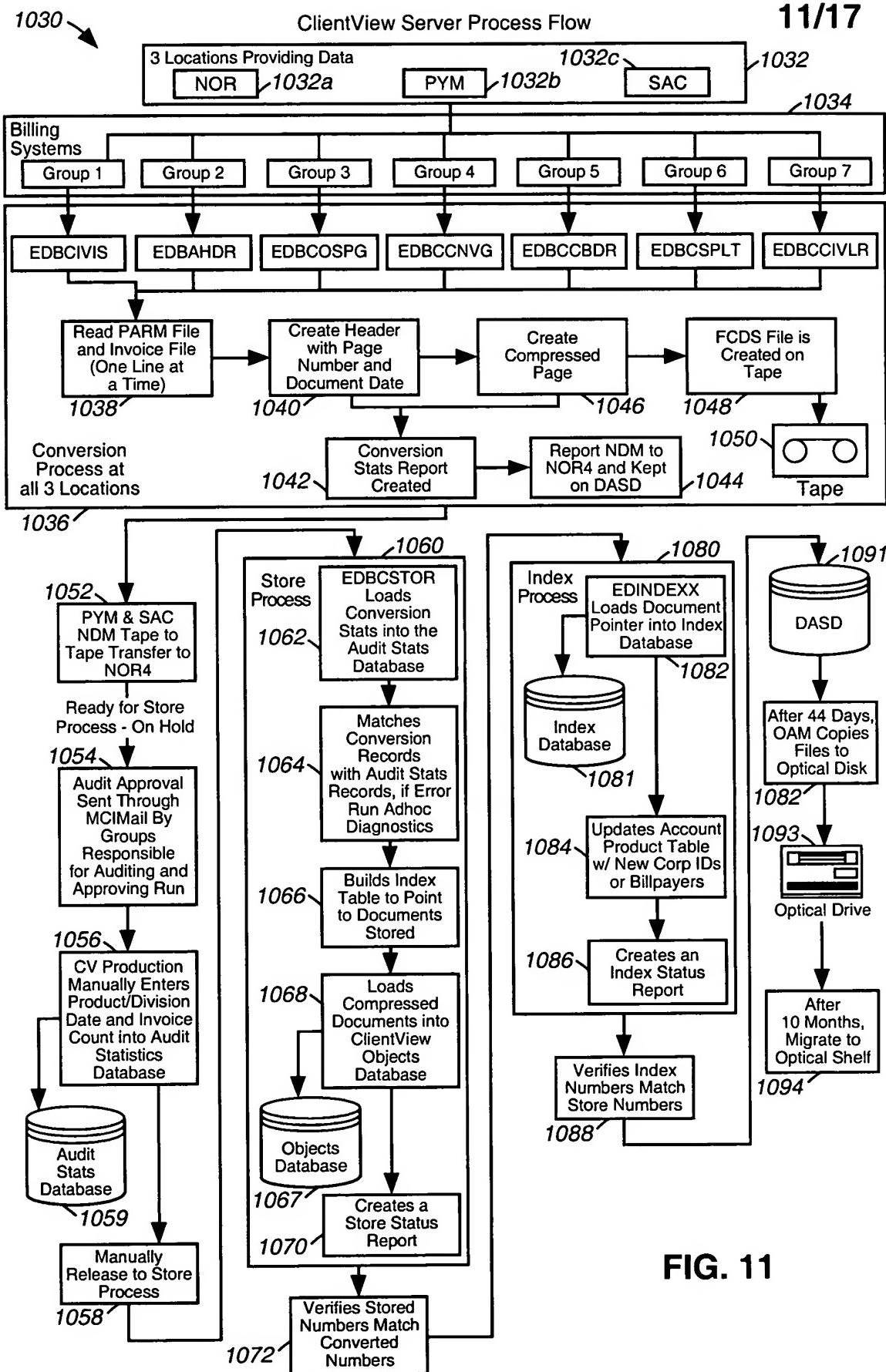
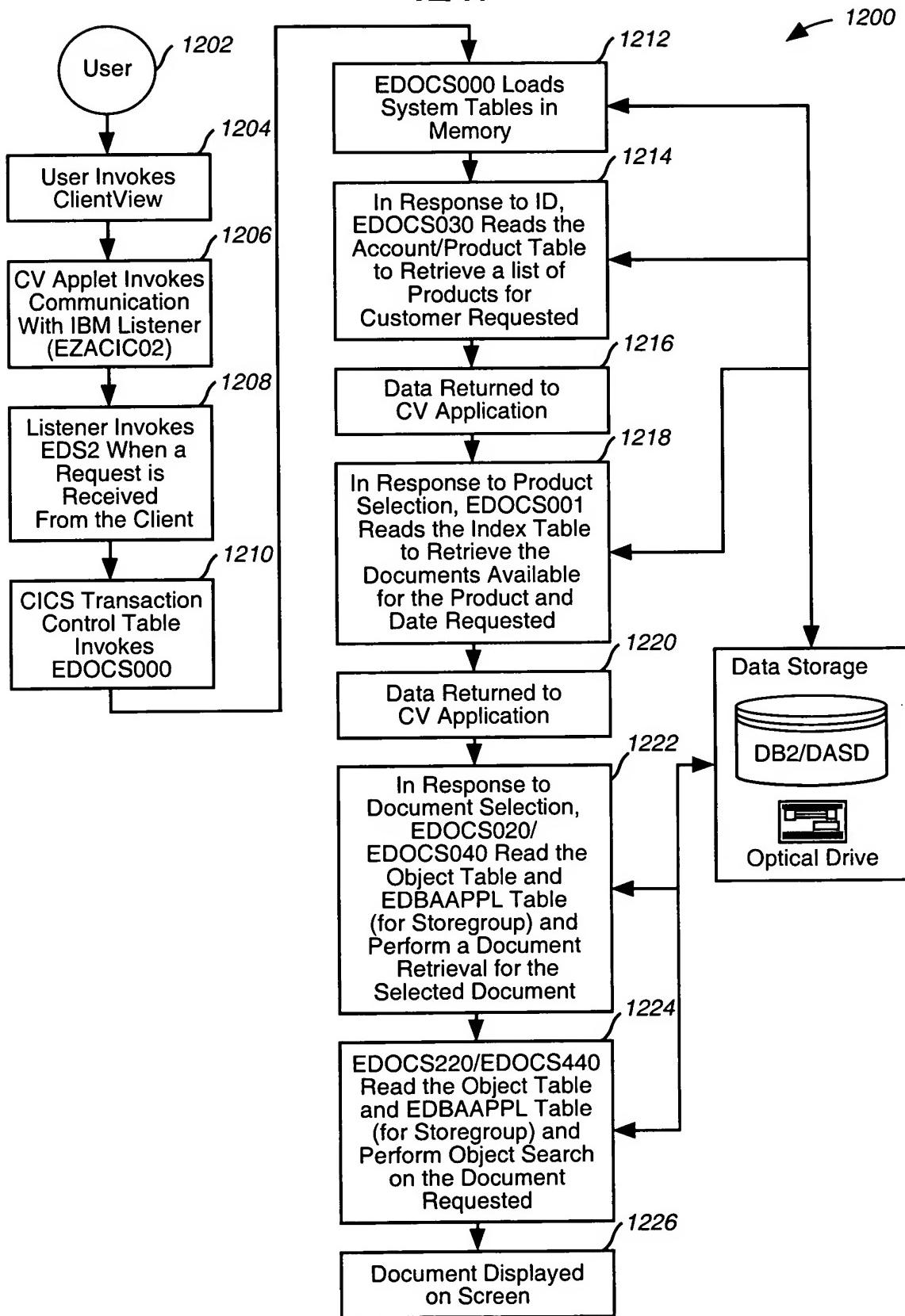


FIG. 10



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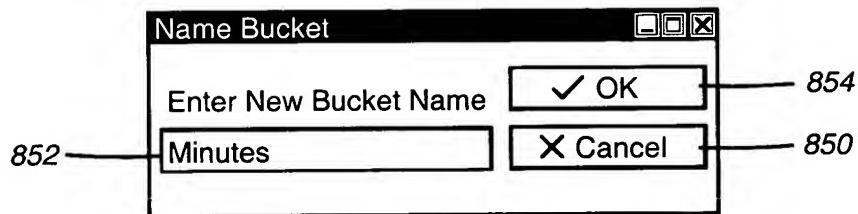


**FIG. 12**

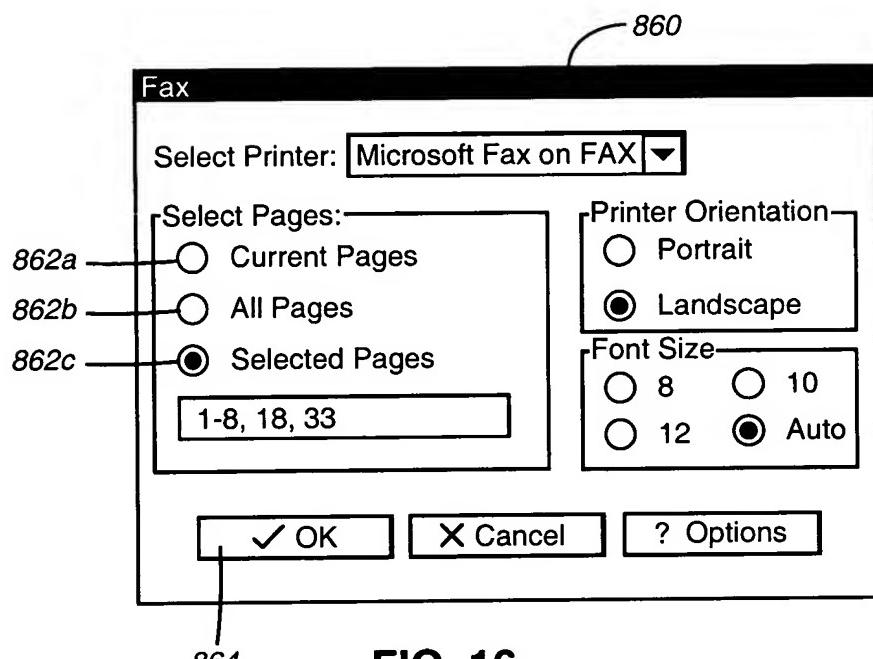
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FIG. 13

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**FIG. 14**



**FIG. 16**

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Viewing Page 5 [of 1 - 10] Invoice: 001061477765 Client ID: 0000000099991477

File Page Search View Options Help

Open	Save	Print	Fax	Batch	Find	First	Prior	New	Last	Go To	Magnify	Shrink	Reset	Return
DESCRIPTION														
DIAL-1 ACCESS														
TERMINATION:														
DOMESTIC DEDICATED														
DOMESTIC SHARED														
INTERNATIONAL DDD														
CUSTOMIZED ANNOUNCEMENTS														
DIRECTORY ASSISTANCE														
USAGE TOTAL														
TOTAL														
TERMINATION:														
DOMESTIC DEDICATED														
DOMESTIC SHARED														
INTERNATIONAL DDD														
Minutes Calls														
5795.2 1,031														
846a 846b														
844a 844b														
840b														
820a														
820b														
12:35:44 PM														

FIG. 15

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Batch Print Data Entry: Document Invoice #000063993549

**Requestor Info:**

Name:

MCI Mail ID:  
(employee only)  Dept/Loc:

Phone #(with Area Code):

**Ship To Info:**

Contact Name:

Company:

Dept/Loc:

Address:   
(No Post Office Boxes Please)

City:  State:   
Zip:

Contact Phone (With Area Code):

**Pages To Print:**

Start Page:  End Page:

742                    744

**FIG. 17**

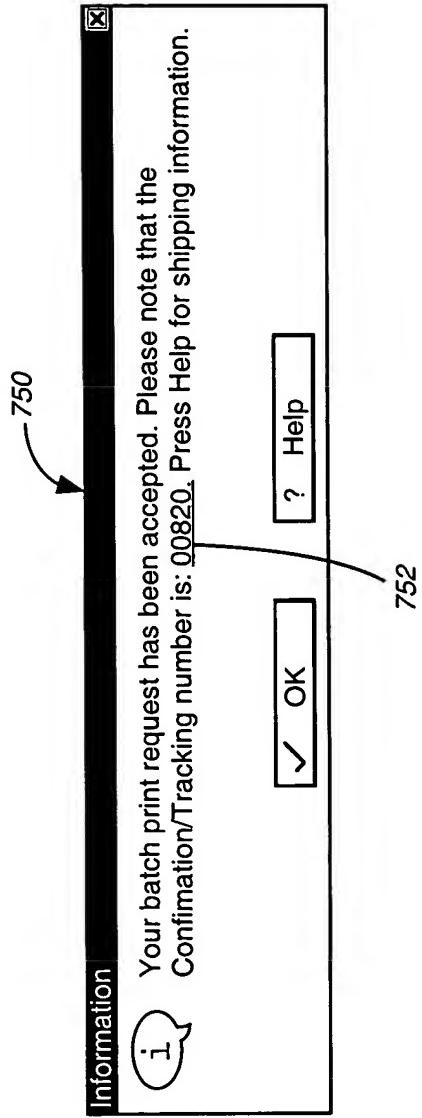


FIG. 18